Name in Full James E. Blackiston

Certificate of Death

Died at Town Rock Hall County Kent Co. MARYLAND

Date 1900 Month Jan. Day 8 Age Y. 38 M. 9 D. 13 Native of Md. Occupation Undertaker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living 4

Husband ~~Wife~~ of Mary Hudson

Father's Name James E. Blackiston Mother's Name Mary Stevens

Cause of Death

Primary Consumption 22a

Immediate Exhaustion

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by Walter O. Seeby M.D.

Address Rock Hall Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Rena Brown

Certificate of Death

Died at Town Bloomfield farm County Kent Co MARYLAND

Date 1906 Month Jan Day 2

Age Y. 34 M. 0 D. 0

Native of Md

Occupation Housewife

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~ 4

~~Husband~~ Wife of Nicholas Brown

Father's Name Samuel Houston

Mother's Name Rebeca Martin

Cause of Death Primary Caught cold after 118

Immediate Child-Birth

How long sick one month

Accident, Suicide, Homicide

Reported by Jno H Krusen Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Pyfer
Locust Grove
Md

Dr. Barwick
Kennedyville
Md

Name in Full Mary V. Butler

Certificate of Death

Died at Town Chesterville County Kent MARYLAND

Date 1900 ~~189~~ Month 1, Day 1. Age Y. 54. M. D. Native of Kent Co Md Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

~~Husband~~ Wife of Charles E. Cranor 97

Father's Name James S. Butler Mother's Name Anna Lenstow

Cause of Death
Primary Chronic Albuminaria How long sick 2 or 3 yrs
Immediate Dropsy with Heart Failure Accident, Suicide, Homicide

Reported by F. N. Sheppard M.D.

Address Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Mrs Mary V. Cranor

Died at Chesterville Town County Kent MARYLAND

Date ~~189~~ 195	Month 1	Day 1	Age Y. 57 M. D.	Native of	Occupation

~~Male~~ / White Married / ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Chas. E. Cranor

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Kent News 1-6

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full John W. Corey Certificate of Death

Died at near Millington Town County Kent MARYLAND

Date 1900 ~~189~~ Month 1 Day 9 Age 79 Y. — M. D. Native of New Hampsh Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

Husband of Wife Donot know —

Father's Name Moses Corey Mother's Name Lydia Hinds

Cause of Death Primary Paresis 45 How long sick 8 months more

Immediate Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. Frank Hines MD.

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full John H. Cummings. Certificate of Death

Died at Town Locust Grove, County Kent MARYLAND

Date ~~189~~ 1900 Month Jan. Day 30 Age Y. 48 M. D. Native of New Jersey Occupation — Huckster.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband of Wife

Father's Name

Mother's Name 34

Cause of Death Primary Too much whiskey. How long sick 2 hours.

Immediate Freezing. Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. Newton Kelley

Address Kennedyville, Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full John S. Dorsey

Certificate of Death

Died at Town Still Pond Neck. County Kent Co — MARYLAND

Date 1900 Month Jan Day 8 Age Y. 20 M. 3 D. 0 Native of Md Occupation none

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of —
Wife

Father's Name John T. Dorsey

Mother's Name Florence Bessies

Cause of Death Primary Deformed very much

How long sick all his life

Immediate Spasms & fits 137

Accident, Suicide, Homicide

Reported by Wm H Kruzen Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by W. S. Maxwell
at sundry times
Still Pond
md.

Name in Full William B. Edwards

Certificate of Death

Died at Town Hanesville County Kent MARYLAND

Date 1906 Month Jun Day 21 | Age Y. 32 M. D. | Native of Md | Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband ~~Wife~~ of Willie ~~Ed~~ Smyth

Father's Name Jas W. Edwards Mother's Name Amanda Wilton

Cause of Death Primary Heart Desease | How long sick 5 months

Immediate 57 | ~~Accident, Suicide, Homicide~~

Reported by John H. Hessey M.D.

Address Hanesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Heesther Forman

Certificate of Death

Died at Town Butlertown County Kentbe MARYLAND

Date ~~189~~ 1900 Month Jan. Day 2nd Age Y. M. D.

Native of

Occupation Housewife

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~[illegible]~~ Number of children living 2

~~Husband~~ Wife of Thomas Forman. Deceased

Father's Name Lig Tillison

Mother's Name Henrieta Cornegis

Cause of Death Primary Child Birth

Immediate

How long sick 3 days

Accident, Suicide, Homicide

118

Reported by Wm H Kruser Undertaker

Address Still Pond Mch 3-14/900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

attended by Dr Whalen
Chestertown
Md

P.C. I 126

Name in Full Robt E. Jones

Certificate of Death

Died at Town Quaker Neck Nhy - County Kent MARYLAND

Date 1900 Month Jan. Day 31 Age Y. 31 M. 5 D. 3 Native of Kent Co Occupation Oyster dealer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Robt. G. Jones Mother's Name Mary E Jones

Cause of Death
Primary Pulmonary Tuberculosis How long sick 4 Years
Immediate " " 22a Accident, Suicide, Homicide

Reported by H Bangw Simmons

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Wm. A. B. Knight

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 19 05 Month 1 Day 7

Age Y. 74 M. D.

Native of

Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5 -

Husband of Wife Joanna Morgan

Father's Name

Mother's Maiden Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Transcript 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full | Certificate of Death

William A. Lambert

Died at Town Hanesville County Kent MARYLAND

Date 1900 Month Jan Day 5 Age Y. 21 M. D. Native of Md Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's Name Thos H. Lambert Mother's Name Anna T. Lowrich

Cause of Death Primary Consumption 22a How long sick one year

Immediate

Accident, Suicide, Homicide

Reported by John H. Hessey M.D.

Address Hanesville Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Thomas E. Long

Certificate of Death

Died at Town Kennedyville County Kent MARYLAND

Date 1900 Month June Day 4

Age Y. 15 M. 10 D. 27

Native of Md

Occupation None

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living.~~

~~Husband~~ of ~~Wife~~

Father's Name Charles Long

Mother's Name Sarah L. Hopkins

Cause of Death Primary Peritonitis 93

Immediate

How long sick two weeks

~~Accident, Suicide, Homicide~~

Reported by John H. Hessey MD

Address Kennedyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name In Full David Murdock

Certificate of Death

Died at Town Lamokin County Kent MARYLAND

Date 19 00 Month 1 Day

Age Y. 58 M. D.

Native of

Occupation

Male ~~Female~~

White ~~Colored~~

Married Single

Widow Widower

Divorced Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death Primary 145 d

Cause of Death Immediate Killed by train

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Cecil Whig

Address

Jany. 27, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full **Certificate of Death**

Lemuel Pierce,

Died at Town Fairlee County Kent MARYLAND

Date ~~189~~ 1901 Month 1 Day 5

Age Y. M. D.

Native of Kent Co

Occupation Hostler.

Male ~~Female~~

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Fannie Pierce

Father's Name Jas Pierce 79

Mother's Name Henny Pierce

age 60 yrs 9 months & 6 days

Cause of Death Primary Valvular insufficiency of heart

How long sick 2 y at least,

Immediate Intense dropsy from above trouble,

Accident, Suicide, Homicide

Reported by H Benj Simmons M.D.

Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full Wm. L. Story

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date ~~189~~ 1900 Month Jan Day 3 Age Y. 21 M. D. 11 Native of Queen Ann Occupation [illegible]

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband ~~Wife~~ of M. L. Walls

Father's Name Wm. B. Story Mother's Name M. A. Story

Cause of Death Primary 148 How long sick

Immediate Drowned Accident, Suicide, ~~Homicide~~

Reported by C. E. Ferguson

Address Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. ____________________

of ____________________

Seen by Coroner George Rouse

of [illegible] Co. Tex

Information contained in this certificate received from E. Ferguson [illegible]

of Cooke [illegible] Co. Tex

Name in Full Certificate of Death

Mrs Mary Thomas

Died at Cibb near Pomona Town County Kent MARYLAND

Date ~~189~~ 1900 Month 1 Day 31 Age Y. 97 M. 11 D. 21 Native of Md Occupation Housewife etc

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living 0 all dead

~~Husband~~ Wife of Kinsey Thomas

Father's Name — Hartt Mother's Name Unknown

Cause of Death
Primary (Traumatic) Sepsis 14
Immediate Heart Failure

How long sick

Ac~~cident, Suicide, Homicide~~

Reported by W Frank Hines

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full Certificate of Death

Sarah M. Turner

Died at Town Near Kennedyville County Kent MARYLAND

Date 1900 Month Jan Day 20 Age Y. 57 M. 0 D. 0 Native of Md Occupation House Keeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ of Wife Issiac Turner.

Father's Name Wm H Jarrell Mother's Name Elizabeth Jackson

Cause of Death Primary Lagrippe How long sick 5 weeks

Immediate Nervous Prostration ~~Accident, Sucide, Homicide~~

Reported by W H Kruser Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. J. Irvan Barwick
Kennedy ville
Md.

Name in Full Issiac White

Certificate of Death

Died at Town Coleman P.O. County Kent Co MARYLAND

Date 1900 Month Jan Day 13 Age Y. 21 M. 1 D. 0 Native of Md Occupation Labourer

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Alexandra White Mother's Name Mary Chambers

Cause of Death Primary

How long sick six months

Immediate Consumption 22a

Accident, Suicide, Homicide

Reported by Wm H Kruzey Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85966

attended by Dr- J. W. Urie
and W. S. Maxwell
Still Pond
Kent Co
Md

Information rec'd from
his step father

Name in Full Certificate of Death

Susan Wilson

Died at Town Parsons Mill County Kent — MARYLAND

Date 1900 Month Jan Day 6 Age Y. 30 M. — D. — Native of Md. Occupation Home Girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Jacob Wilson Mother's Name Matha Pierce

Cause of Death Primary Consumption How long sick 7 months

Immediate 22a Accident, Suicide, Homicide

Reported by W H Vonsen Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended By J. W. Urie MD
Still Pond
Md